**Application for Faculty Development Funds**

**Name:**

**Department:**

**Academic Title/Rank:**

**Award Request:** (Check one)

\_\_\_\_\_Supporting Material

\_\_\_\_\_Individual Faculty or Faculty Group

**Award Period:** (Check one)

\_\_\_\_\_Fall Round

\_\_\_\_\_Winter Round

\_\_\_\_\_Spring Round

**Requested funding amount:**

**Project Title:**

**Checklist**

The following items need to be addressed in the document narrative. All must be included to consider your application complete:

\_\_\_\_\_\_ Description of Project to include:

* Goals
* Budget
* Dates, amounts of previous awards and copy of final report (if applicable)
* Outcome: contribution to faculty member’s professional development
* Outcome: contribution to faculty member’s department or discipline
* Outcome: contribution to the mission/vision/goals of UCBA

\_\_\_\_\_\_ Completed and submitted by due date

\_\_\_\_\_\_ Unit head and Study Abroad Committee Chair (if applicable) approval

\_\_\_\_\_\_ Final report on previous funding submitted through [Faculty Development Funds website](https://www.ucblueash.edu/resources/faculty-staff/learning/development.html)

**Description of Project: Enter your information in the table below (see Scoring Rubric for details).**

|  |  |
| --- | --- |
| **Item** | **Your Response** |
| **Previous awards:** Dates, amount received and information on the type of award.  |  |
| **Goals:**  |  |
| **Outcome:** Contribution to the faculty member’s professional development |  |
| **Outcome:** Contribution to the faculty member’s department or discipline  |  |
| **Outcome:** Contribution to the mission, goals and/or vision of UCBA |  |

**Budget**

Project period: From mm/dd/yyyy to: mm/dd/yyyy

Projected Budget:

|  |  |  |
| --- | --- | --- |
| **Category** | **Source** | **Amount** |
| Materials and supplies (please specify): |  |  |
| Conference Travel: |  |  |
| Common Carrier / Rental / Personal Auto |  |  |
| Lodging amount per day x number of days |  |  |
| Registration or related fees: |  |  |
| Other costs (e.g., per diem, other transportation, poster printing, etc. Please specify): |  |  |
| Other (please specify) |  |  |
| **Total Request** |  |  |

# Academic Unit Level Approval

Date

Dear Funding Committee:

Please accept this letter as indication that this application for **[indicate project here]** has been approved at the unit level.

Typed name of unit level designee for approval

Signature of unit level designee for approval

# Study Abroad and Exchange Committee Chairperson Approval, if applicable

Date

Dear Funding Committee:

Please accept this letter as indication that this application for **[indicate project here]** has been approved by the Study Abroad and Exchange Committee, and is scheduled to be offered [**indicate dates for project here**].

Typed name of designee for approval

Signature of designee for approval

**Final Report for previous funding received, if applicable**

 \_\_\_ Final report on previous funding submitted through [Faculty Development Funds website](https://www.ucblueash.edu/resources/faculty-staff/learning/development.html). Final reports are required for any Faculty Development Funds received. Failure to submit a final report on previous funding will result in the current proposal being considered incomplete.

\_\_\_ No previous funding received